

Please type a plus sign (+) inside this box → ☐



PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	09/773,139
Filing Date	01/31/01
First Named Inventor	OTERO
Group Art Unit	
Examiner Name	
Attorney Docket Number	21710-68377

I hereby appoint:

- ☒ Practitioners at Customer Number
OR
☐ Practitioner(s) named below:

27730 →

Place Customer Number
Bar Code Label here

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, entitled APPARATUS, METHODS AND ARTICLES OF MANUFACTURE FOR CONSTRUCTING AND EXECUTING COMPUTERIZED TRANSACTION PROCESSES AND PROGRAMS, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

- ☐ The above-mentioned Customer Number **OR**

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City	State	Zip		
Country				
Telephone	Fax			

I am the:

- ☒ Applicant/Inventor.
☐ Assignee of record of the entire interest. See 37 CFR 3.7.1(Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)).

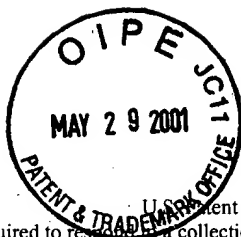
SIGNATURE of Applicant or Assignee of Record

Name	HERNAN G. OTERO
Signature	
Date	4/16/2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

- ☒ *Total of THREE (3) forms are submitted.

Please type a plus sign (+) inside this box → ☐



PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	09/773,139
Filing Date	01/31/01
First Named Inventor	OTERO
Group Art Unit	
Examiner Name	
Attorney Docket Number	21710-68377

I hereby appoint:

- ☒ Practitioners at Customer Number
OR
☐ Practitioner(s) named below:

27730 →

Place Customer Number
Bar Code Label here

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, entitled APPARATUS, METHODS AND ARTICLES OF MANUFACTURE FOR CONSTRUCTING AND EXECUTING COMPUTERIZED TRANSACTION PROCESSES AND PROGRAMS, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

- ☐ The above-mentioned Customer Number **OR**

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City	State	Zip		
Country				
Telephone	Fax			

I am the:

- ☒ Applicant/Inventor.
☐ Assignee of record of the entire interest. See 37 CFR 3.7.1(Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)).

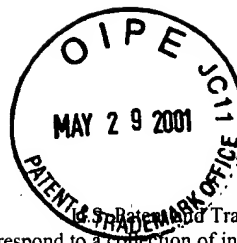
SIGNATURE of Applicant or Assignee of Record

Name	JOHN TUMILTY
Signature	
Date	4/5/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

- ☒ *Total of THREE (3) forms are submitted.

Please type a plus sign (+) inside this box



PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	09/773,139
Filing Date	01/31/01
First Named Inventor	OTERO
Group Art Unit	
Examiner Name	
Attorney Docket Number	21710-68377

I hereby appoint:

- ☒ Practitioners at Customer Number
OR
☐ Practitioner(s) named below:

27730

Place Customer Number
Bar Code Label here

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, entitled APPARATUS, METHODS AND ARTICLES OF MANUFACTURE FOR CONSTRUCTING AND EXECUTING COMPUTERIZED TRANSACTION PROCESSES AND PROGRAMS, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

- ☐ The above-mentioned Customer Number **OR**

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City	State	Zip		
Country				
Telephone	Fax			

I am the:

- ☒ Applicant/Inventor.
☐ Assignee of record of the entire interest. See 37 CFR 3.7.1(Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)).

SIGNATURE of Applicant or Assignee of Record

Name	STEVEN B. HORN
Signature	
Date	4/4/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

- ☒ *Total of THREE (3) forms are submitted.